

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

June 2nd 1906

Full Name of Child, . .

Sex, Color and if Twin, .

Place of Birth,

Full Name of Father, .

Maiden Name of Mother,

Residence of Parents, . .

Occupation of Father, . .

Birthplace of Father, . .

Birthplace of Mother, . .

Dated at

Ashland June 6th 1906

Signature and residence
of person making return. }Gilbert O. Wood M.D.
Ashland Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Jan 8 th 1906
Full Name of Child, . . .	Rosi Mari Biachi
Sex, Color and if Twin, . .	Female white
Place of Birth,	Jayville Mass
Full Name of Father, . . .	Pitta Biachi
Maiden Name of Mother, .	Mari Bens
Residence of Parents, . . .	Jayville Mass
Occupation of Father, . . .	Laborer
Birthplace of Father, . . .	Melino Italy
Birthplace of Mother, . . .	Melino Italy

Dated at Ashland Jan 13th 1906

Signature and residence
of person making return. } Gilbert O. Wood M.D
Ashland Mass

(See Deposition #251)
#1

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Jan 10. 1906
Full Name of Child,	Louise Chasari
Sex, Color and if Twin,	Female - White
Place of Birth,	Fayville Mass
Full Name of Father,	Saleroni Chasari
Maiden Name of Mother,	Teressa Anzile
Residence of Parents,	Fayville Mass.
Occupation of Father,	Labour
Birthplace of Father,	Italy
Birthplace of Mother,	Italy

Dated at Southboro Mass. Jan 15 1904Signature and residence
of person making return.

Amel Bocne
Southboro Mass

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Jan 20. 1906
Full Name of Child,	
Sex, Color and if Twin,	Male White
Place of Birth,	Southboro Mass.
Full Name of Father,	Geo. D. Smith
Maiden Name of Mother,	Carrie Young
Residence of Parents,	Southboro Mass.
Occupation of Father,	Shoe Operative
Birthplace of Father,	Auburn Mass.
Birthplace of Mother,	Marbleboro Mass.

Dated at Southboro Mass Jan. 24 1906

Signature and residence
of person making return.

John Bacon
Southboro Mass

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	January 26, 1906
2. Full Name of Child, .	Smith.
3. Color, *	
4. Sex, (and if twin or illegitimate,)	Male
5. Place of Birth,	Southboro
6. Name of Father, . . .	Irving Smith
7. Residence,	Southboro
8. Occupation,	Farmer.
9. Birthplace,	Southboro
10. Name of Mother, . .	Grace Isatello Nichols
(Maiden Name,) . . .	
11. Residence,	Southboro
12. Birthplace,	Southboro

Dated at Southboro Dec. 18 1906

Signature of person } A. C. Eastman M.D.
making return. }

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Feb 16 1906
Full Name of Child,	
Sex, Color and if Twin,	Female White
Place of Birth,	Southville Mass
Full Name of Father,	Charles Bemis Jones
Maiden Name of Mother,	Annie Elizabeth Allen
Residence of Parents,	Southboro ^(Southville) Mass
Occupation of Father,	Laborer
Birthplace of Father,	Windsor Vt.
Birthplace of Mother,	St John N. B.

Dated at Ashland Feb 18 1906

Signature and residence
of person making return.
 } Gilbert O. Wood M.D.
 Ashland Mass

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	March 1. 1906.
2. Full Name of Child, .	Francis Joseph McNeil.
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	Male.
5. Place of Birth, . . .	Suttons
6. Name of Father, . .	Francis McNeil.
7. Residence,	Suttons
8. Occupation,	Dairyman.
9. Birthplace,	Bristol, Cap. Breton
10. Name of Mother, . .	Mary Frances Coughlan
(Maiden Name,) . . .	
11. Residence,	Suttons
12. Birthplace,	St John N.B.

Dated at Suttons Dec. 10 1906 18
 Signature of person } A.C. Eastman M.D.
 making return. }

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	March, 2, 1906
Full Name of Child, . .	
Sex, Color and if Twin, .	Female White
Place of Birth,	Southboro Mass.
Full Name of Father, . .	John J. Collins
Maiden Name of Mother, .	Alice The Cabotter
Residence of Parents, . .	Southboro Mass.
Occupation of Father, . .	Coachman
Birthplace of Father, . .	Ireland,
Birthplace of Mother, . .	England,

Dated at Southboro Mass. March 6 1906

Signature and residence
of person making return.

} } }	Howard Bacon Southboro Mass.
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Commonwealth of Massachusetts.

Date of Birth, April 4th 1906.

Sex, Female

Color (if other than white), _____

Name (if named), Margaret Brut

Place of Birth, No. Southboro Street

Name of Father, Uwoll Brut

Name of Mother, Margaret Brut

Maiden Name of Mother, Margaret Brut

Residence of Parents, No. Southboro Street

Occupation of Father, Teacher

Birthplace of Father, Cambridge

Birthplace of Mother, New York

(Signature),

Eugene A. Bigelow

Physician.

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	April. 8. 1906
Full Name of Child, . . .	William J. Medutire
Sex, Color and if Twin, . .	Male White
Place of Birth,	Southboro Mass.
Full Name of Father, . . .	Daniel Medutire
Maiden Name of Mother, .	Nellie Salmon
Residence of Parents, . . .	Southboro Mass
Occupation of Father, . . .	Coachman
Birthplace of Father, . . .	Ireland,
Birthplace of Mother, . . .	Southboro Mass

Dated at Southborough Mass April 23 1906

Signature and residence
of person making return.

Samuel Bacon
Southborough Mass

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	April 21. 1906.
Full Name of Child, . . .	Richard Hawkins Lincoln
Sex, Color and if Twin, . .	Male White
Place of Birth,	Southboro Mass.
Full Name of Father, . . .	Harry R. Lincoln
Maiden Name of Mother, .	Grace Hawkins
Residence of Parents, . . .	Southboro Mass.
Occupation of Father, . . .	Teacher
Birthplace of Father, . . .	Colorado.
Birthplace of Mother, . . .	Conn.

Dated at Southboro Mass May 1 1906

Signature and residence
of person making return.

Lowell Beacon
Southboro Mass.

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	June 27 / 1906
Full Name of Child, .	Katherine Carey
Sex, Color and if Twin, .	Female white
Place of Birth,	Fayville Mass
Full Name of Father, .	William Henry Carey
Maiden Name of Mother, .	Katherine Mary Sullivan
Residence of Parents, . .	Fayville Mass
Occupation of Father, . .	Switchman
Birthplace of Father, . .	E. Cambridge Mass
Birthplace of Mother, . .	Co. Cork Ireland

Dated at Ashland July 1st 190 6
 Signature and residence
 of person making return.

 } Gilbert O. Wood M.D.
Ashland Mass

(See Deposition #2)

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	July 16. 1906.
Full Name of Child, . . .	Joe Santoni jr.
Sex, Color and if Twin, .	Male White
Place of Birth,	Fayville Mass.
Full Name of Father, . . .	Joe Santoni
Maiden Name of Mother, .	Mallali
Residence of Parents, . .	Fayville Mass.
Occupation of Father, . .	Laborer.
Birthplace of Father, . .	Italy.
Birthplace of Mother, . .	Italy.

Dated at Southboro July 17 1906

Signature and residence
of person making return.

James Bacon
Southboro Mass.

Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

Full Name of Child,

Sex, Color and if Twin,

Place of Birth,

Full Name of Father,

Maiden Name of Mother,

Residence of Parents,

Occupation of Father,

Birthplace of Father,

Birthplace of Mother,

July 17 1906

Halsey L Allen Jr

Male White

Southboro Mass

Halsey L Allen

Mabel Mowen

Southboro Mass

Farmer

Eastford Conn

Wallington Conn

Dated at

Southboro Mass Aug. 20 1906

Signature and residence
of person making return.J. Lowell Bacon
Southboro Mass

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Aug 5 1906
Full Name of Child, . . .	Elsie Allison Hunt
Sex, Color and if Twin, . .	Female White
Place of Birth,	Cordaville Mass
Full Name of Father, . . .	Howard Stanley Hunt
Maiden Name of Mother, . .	Ida May Liberty
Residence of Parents, . . .	Cordaville Mass
Occupation of Father, . . .	Blanket Carder
Birthplace of Father, . . .	Sudbury Mass
Birthplace of Mother, . . .	Cordaville Mass

Dated at Ashland Aug 9 1906

 Signature and residence
 of person making return.

 } Gilbert O. Wood M.D.
 } Ashland Mass

Commonwealth of Massachusetts.

No. _____

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	September 15. 1806.
2. Full Name of Child, .	Pacini
3. Color, *	
4. Sex, (and if twin or illegitimate,)	Male.
5. Place of Birth, . . .	Fayville
6. Name of Father, . .	Antonio Pacini
7. Residence,	Fayville
8. Occupation, . . .	Labner.
9. Birthplace,	Italy
10. Name of Mother, . .	Maria Malchiodi
(Maiden Name,) . . .	
11. Residence,	Fayville
12. Birthplace,	Italy

Dated at Southus Dec. 18. 1806. 18

Signature of person } A. C. Craswell Secy.
making return. }

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.



Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	September 20. 1906
2. Full Name of Child, .	Kelly.
3. Color, *	
4. Sex, (and if twin or illegitimate,) . . .	Male.
5. Place of Birth, . . .	Southboro
6. Name of Father, . .	Hugh Kelly.
7. Residence,	Southboro
8. Occupation,	Farmman.
9. Birthplace,	Ireland.
10. Name of Mother, . .	Agnes Forbes.
(Maiden Name,) . .	
11. Residence,	Southboro
12. Birthplace,	Scotland.

Dated at Southboro Dec. 18. 1906. 18

Signature of person }
making return. } B. C. Eastman M.D.

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

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Commonwealth of Massachusetts.

No. _____ RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Sept 21 / 1906
Full Name of Child,	Charles Octavius Emerson
Sex, Color and if Twin,	Male White
Place of Birth,	Southville Mass
Full Name of Father,	Charles Octavius Emerson
Maiden Name of Mother,	Annie Laura Bright
Residence of Parents,	Southville Mass
Occupation of Father,	Farmer
Birthplace of Father,	York Village Me
Birthplace of Mother,	Halifax N. S.

Dated at Ashland Sept 26 190 6

Signature and residence	} Gilbert O. Wood M.D.
of person making return.	
	Ashland Mass

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, UNFADING BLACK INK—THIS IS A PERMANENT RECORD
N.B. If the return of a birth is not made within the interval prescribed by law, this form of a return MUST
BE used and the affidavit on the reverse side must be executed

5-3-19, 10,000.

1 PLACE OF BIRTH

The Commonwealth of Massachusetts
OFFICE OF THE SECRETARY
DIVISION OF VITAL STATISTICS

(City or town)

County of

City or
Town of

DELAYED RETURN OF A BIRTH

(To be used for returns of births not made within the interval prescribed by law.
Affidavit on reverse side must be executed)

Registered No. Deposition No.
No. St., Ward
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME OF CHILD *Annie Cappalo*

3 Sex of Child <i>Female</i>	4 Twin, triplet, or other? (To be answered only in event of plural births)	4a Number in order of birth	5 Born alive or stillborn	6 Date of birth <i>Sept 25 1906</i> (Month) (Day) (Year)
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FATHER
7 FULL NAME *Michael Cappalo*
9 RESIDENCE NO. ST.
(At time the birth occurred)
Southborough
(City or town)

MOTHER
8 FULL NAME BEFORE MARRIAGE *Rosa Asajia*
10 RESIDENCE NO. ST.
(At time the birth occurred)
Southborough
(City or town)

11 COLOR OR RACE *White*
12 AGE AT LAST BIRTHDAY *27* YEARS
(At time the birth occurred)
15 BIRTHPLACE *Italy*
(City or town) (State or country)
17 OCCUPATION *laborer*
(At time the birth occurred)

13 COLOR OR RACE *White*
14 AGE AT LAST BIRTHDAY *28* YEARS
(At time the birth occurred)
16 BIRTHPLACE *Italy*
(City or town) (State or country)
18 OCCUPATION *at home*
(At time the birth occurred)

19 Attendant at birth or informant *Michael Cappalo* *Father*
(If there was no physician or midwife attendant, draw line through "attendant at birth or") (Name) (Physician, midwife, father, or other)
Address No. *Travers* St., *Mailers*
(City or town)

20 Affidavit filed and recorded and a copy of return and affidavit transmitted to the Secretary of the Commonwealth
(Month) (Day) (Year)

21 Deponent
Name City or town Relation to child

22 The above record has been made in accordance with the provisions of Rev. Laws, Chap. 29, Sec. 14.

Attest: REGISTRAR
(City or town)

An affidavit containing the facts required for record, if made by a person who was required by law to furnish the information for the original record, or, at the discretion of the city or town clerk, by one or more credible persons having knowledge of the case . . . or a certified copy of the record of any other city or town or of a written statement made at the time by any person since deceased who was required by law to furnish evidence thereof, may, at the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. — *Extract from Rev. Laws, Chap. 29, Sec. 14.*

If the return of a birth is not made within the interval prescribed by law, this affidavit must be executed.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS }
COUNTY OF Worcester } ss.:

being duly sworn, deposes and says that he resides at Francis St
Mailbox
that deponent has knowledge of the birth of Aminé Cappola
named on the reverse side of this blank, that he is the person who made out the reverse side of this blank,
mailed or delivered on June 30 19 20 to the office of the Town Clerk
(City or town clerk or registrar)
of the Town of Southborough The Commonwealth of Massachusetts.
(City or town) (Name of city or town)

Further, That the reason for not making the return of the birth within the interval prescribed by law
was as follows: Negligence of Doctor

(Signed) _____

Sworn to and subscribed before me,

this 30 day of June, 19 20

Margaret M. Fairbanks
(City or town clerk, or assistant clerk, or registrar, not a child
or other officer authorized to administer oaths for general purposes.)

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

By following these instructions carefully, delay and expense will be avoided.

1. Write legibly with durable black ink.
2. The affidavit may be made by the attending physician, midwife, father, mother, or the householder in whose house the birth occurred, or any officer specified in Revised Laws, Chapter 29, Sections 6 and 7, or at the discretion of the city or town clerk or registrar by one or more credible persons having knowledge of the case. A citizen who did not know the parent before the date of the child's birth therefore cannot make an affidavit and the period of acquaintance with the parent must be greater than the age of the child.
3. Write all names in full throughout the return and affidavit. Have the name of the child given in full and correctly spelled; and all items called for upon the return should be stated thereon as they were at the time of the birth.
4. The name of the child as written in the affidavit must correspond in every respect with the name as given in the birth return.
5. The day, month, and year of birth must not be changed after once written.
6. The affidavit and return should be presented without changes or alterations or they will not be accepted.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE SECRETARY OF THE COMMONWEALTH AT ONCE

Commonwealth of Massachusetts.

No. _____

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	Oct. 13. 1906.
2. Full Name of Child, .	Greene Margaret Jensen.
3. Color, *	
4. Sex, (and if twin or illegitimate,)	Female.
5. Place of Birth,	Luthens
6. Name of Father, . . .	Soren L. Jensen.
7. Residence,	Luthens
8. Occupation,	Dairyman.
9. Birthplace,	Danmark.
10. Name of Mother, . .	Christiana A. Erickson
(Maiden Name,) . . .	
11. Residence,	Luthens
12. Birthplace,	Jenmark.

Dated at Luthens Dec. 18. 1906. 18
 Signature of person }
 making return. } O. C. Eastman M.D.

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	Oct 23 / 1906
Full Name of Child, . . .	Allen David Thoit
Sex, Color and if Twin, . .	Male White
Place of Birth,	Fayville Mass
Full Name of Father, . . .	Allen Greely Thoit
Maiden Name of Mother, . .	Martha Jane Lindsay
Residence of Parents, . . .	Fayville Mass
Occupation of Father, . . .	Teamster
Birthplace of Father, . . .	Pownal Me
Birthplace of Mother, . . .	Newry Ireland

Dated at Ashland Oct 27th 1906

Signature and residence	} <u>Gilbert O. Wood M.D</u>
of person making return.	
	<u>Ashland Mass</u>

1906

Child Born November 3rd
Name Of Child Robert
Fathers Name James O'Brien
Mothers Name Margaret O'Brien
Born in Nova Scotia

Mrs. Valard

Southville

Mass

Commonwealth of Massachusetts.

No.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	November 5. 1806.
2. Full Name of Child, .	Thomas Skinner.
3. Color, *	
4. Sex, (and if twin or illegitimate,)	Male
5. Place of Birth, . . .	Southville
6. Name of Father, . .	Thomas Skinner.
7. Residence,	Southville
8. Occupation,	Labourer.
9. Birthplace,	Ireland.
10. Name of Mother, . .	Catherine Bernard.
(Maiden Name,) . .	
11. Residence,	Southville
12. Birthplace,	Ireland.

Dated at Southville Dec. 18. 1806 18
 Signature of person } A. C. Eastman M.D.
 making return. }

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

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Commonwealth of Massachusetts.

No. _____

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth, . . .	November 14. 1906.
2. Full Name of Child, .	Benjamin
3. Color, *	
4. Sex, (and if twin or illegitimate,)	Female.
5. Place of Birth, . . .	Sacramento
6. Name of Father, . .	Ernest A. Benjamin
7. Residence,	Sacramento
8. Occupation,	Hostler.
9. Birthplace,	New Scotia.
10. Name of Mother, . .	Mabel M. Forbes
(Maiden Name,) . . .	
11. Residence,	Sacramento
12. Birthplace,	Marlboro

Dated at Sacramento Dec. 18. 1906. 18
 Signature of person }
 making return. } A. C. Christman M.D.

* If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. December, 1896. — 5,000.

